
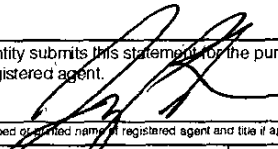
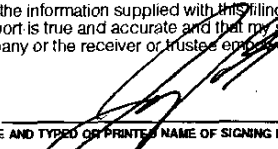


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 APR 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---|---|---|
| DOCUMENT # L01000005658 1. Entity Name JOHNNY PETRANDIS II, LLC | |  | |
| Principal Place of Business 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 | | Mailing Address 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 | |
| 2. Principal Place of Business Suite, Apt. #, etc. Petrandis | | 3. Mailing Address Suite, Apt. #, etc. Petrandis | |
| City & State 4178 Apalachee Pkwy. Tallahassee, FL 32311 | | City & State 4178 Apalachee Pkwy. Tallahassee, FL 32311 | |
| Zip 32311 | | Zip 32311 | |
| Country FL | | Country FL | |
| 4. FEI Number 04-3634428 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 | | 7. Name and Address of New Registered Agent Name Johnny Petrandis Street Address (P.O. Box Not Acceptable) 4178 Apalachee Pkwy. Tallahassee, FL 32311 City FL Zip Code | |
| -8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE 4/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete | TITLE MGRM NAME Johnny Petrandis II STREET ADDRESS 4178 Apalachee Pkwy. Tallahassee, FL 32311 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | DATE 4/23/04 <small>Daytime Phone #</small> | |